

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 679212

(1)

1. Corporation Name

DEVANESAN M.D., P.A.

Principal Place of Business

1411 N FLAGLER DR
SUITE 9000
WEST PALM BEACH FL 33401
US

Mailing Address

1411 N FLAGLER DR
SUITE 9000
WEST PALM BEACH FL 33401
US



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DEVANESAN, JEGADEES
2346 BAY VILL CT
LAKE PARK FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
07/21/1980

3a. Date of Last Report
05/01/1995

4. FET Number
59-2017489

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

Signature of person authorized to register the corporation

Signature of person authorized to register the corporation

Date

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
DEVANESAN, JEGADEES
STREET ADDRESS
2346 BAY VILL CT
CITY-ST-ZIP
LK PARK, FL 00000

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is truthfully furnished. I do not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included on this statement is true and correct. If annual report is filed and a change of name is made, my signature will have the same legal effect as if made under oath, that I am an officer or director of the corporation or the registered agent or authorized employee of the corporation, or the registered agent as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changes, or both, all changes with this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature State

CR2E034 (12/95)